



## **MONTANA STATE HOSPITAL POLICY AND PROCEDURE**

### **CRISIS INTERVENTION TEAM**

**Effective Date:** November 17, 2004

**Policy #:** TX-18

**Page 1 of 4**

#### **I. PURPOSE:**

- A. To ensure that patient and staff safety is maintained to the greatest extent possible when intervening with a patient who is demonstrating physical aggression or threatening physical aggression.
- B. To provide guidelines for utilizing a team approach to crisis intervention that will provide protection for both patients and staff and maintain therapeutic relationships to the greatest extent possible.

#### **II. POLICY:**

- A. Montana State Hospital will utilize a model of intervention that treats people with dignity and respect and uses a system of gradual and graded alternatives for de-escalating and supporting people in behavioral crisis.
- B. The MANDT program is accepted and approved as the model for addressing behavioral crises and utilizes a combination of interpersonal communication skills and physical interaction techniques designed to reduce physical and emotional injury to all.

#### **III. DEFINITIONS:**

- A. Unit Intervention Team ? Shall consist of members of individual treatment units.
- B. Crisis Response Coordinators - Licensed nurses or professional health care staff of individual treatment units.
- C. Off-Unit Assistance Team ? Security Officers and other selected staff members trained in the MANDT program.
- D. MANDT ? The accepted approach for management of patients.
- E. Verbal Intervention Techniques - May include active listening, setting limits, support techniques and problem solving. (See Attachment A for examples of non-physical interventions.)

- F. Physical Intervention Techniques - May include supportive holds and or restraint techniques to manage an out of control dangerous behavior. These should be used only as a last resort and in response to keeping the patient and others safe. Whenever a physical hold is initiated, the documentation and process outlines in the Use of Seclusion and Restraint Policy must be followed.

**IV. RESPONSIBILITIES:**

- A. Unit staff – to request assistance from the Off-Unit Assistance Team as needed.
- B. Hospital operator – to activate the paging system and support staff by helping with communications as needed.
- C. Professional staff - to respond to emergencies or requests for assistance on their primary unit unless directly involved with other patients at the time.
- D. Team Leader/House Supervisor/Nurse Managers - to assist the crisis intervention team as needed and to review the incident with staff when it is concluded.
- E. Nursing staff – Two staff from each unit will respond to off unit calls for assistance after notifying unit charge nurse.

**V. PROCEDURE:**

- A. GUIDELINES:
1. All interventions shall promote keeping people safe and treating people with dignity and respect.
  2. All treatment staff will be trained in MANDT techniques.
  3. Physical techniques shall be used only as a last resort, and only after non-physical interventions have proven to be insufficient to ensure the safety of everyone.
  4. Staff members shall work as a de-escalating team to bring about a reduction in tension in the acting out person.
  5. In all situations, staff members will work to use verbal/non-physical interventions before attempting to use physical interventions.
  6. Treatment unit staff maintain responsibility for care of the patient during behavioral crisis. The Assistance Team assists the unit team when they arrive on the unit.

**B. PROCEDURES:**

1. All planned interventions during a behavioral crisis will be implemented via a Unit Intervention Team led by a Crisis Response Coordinator.
2. The Unit Intervention Team will attempt to secure the safety of the patient through use of verbal techniques and then physical interventions if needed.
3. Professional staff or licensed nurse will assume Crisis Response Coordinator role for all behavioral crisis responses with leadership being changed only by clear transfer to another professional responder.
  - a) The Crisis Response Coordinator will assess the situation, nature of the problem, and identify resources needed.
  - b) The Crisis Response Coordinator will communicate with the person in crisis or designate another team member with the best rapport to do so.
  - c) The Crisis Response Coordinator will direct other crisis intervention team members or cue their action.
  - d) When assessed to be needed by the Crisis Response Coordinator, the call for the Assistance Team will be made by unit staff via the IC button or other appropriate means.
  - e) The Crisis Response Coordinator will assign a unit staff member to meet the Assistance Team as they arrive on the unit.
4. Assistance team responders will augment the Unit Crisis Intervention Teams in caring for an aggressive patient.
5. Unit staff will brief and direct Assistance Team members upon their arrival on the unit. If not needed, Assistance Team members will depart from the area.
6. Designated Treatment Team members will complete the Event Review, as appropriate.
7. The Event Review will be sent to the Hospital Administrator.

**VI. REFERENCES:** Quality Improvement Assessment Form, Seclusion & Restraint Policy, MANDT.

<b>CRISIS INTERVENTION TEAM</b>	<b>Page 4 of 4</b>
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Thomas Gray, MD Date  
Medical Director

## ATTACHMENT A

### LESS RESTRICTIVE MEASURES TO SECLUSION OR RESTRAINT INTERVENTIONS TAUGHT IN MANDT TRAINING

- \* The main goal of the Mandt System is to teach (staff) how to effectively manage a potentially negative or even dangerous situation by first calming your emotional response and managing your own behavior so you can interact with other people positively.
- \* The program presents a system of gradual and graded alternative for deescalating and managing people, using interpersonal skills.
- \* Allow the patient to feel all his/her feelings, staff's actions need to be motivated by need to protect and teach, identifying anger as an emotion/anger is okay- understanding fear as an instinct/fear is okay.
- \* Crisis cycle – 6 phases – 6 responses
  - Response 1: *Removal of or From Stimuli* – Stay calm, search for the person's trigger mechanisms, and be an active and not a judgmental listener.
  - Response 2: *Offer Appropriate Options* – Avoid either/or choices, communicate understanding, allow the person to exercise his/her personal freedom and rights, use diversion and/or distraction, channel feelings into a positive direction or creative activity such as music.
  - Response 3: *Least Amount of Interaction Necessary* – Stay calm, don't overreact, careful about tone of voice and choice of words.
  - Response 4: *Structured Cooling Off* – Removal of or from stimulus e.g. time out, go for a walk, time alone in quiet day hall, avoid either/or choices, diversion and/or distraction, humor, food, one to one, read a book, or write in a journal.
  - Response 5: *Active Listening* – Use good nonverbal and verbal skills, give reassurance, find out what problem is, communicate with team (more options).
  - Response 6: *Observation and Support* – Rest and quiet time, give reassurance, help person to understand feelings, allow person to save face, and maintain dignity.